

No. 2  
5-42  
5-17-39  
X32873

FILED JAN 15 1945  
Registration District No. 10

Primary Registration District No. 3002

Registrar's No. 162

1. PLACE OF DEATH:

(a) County Audrain

(b) City or town Mexico  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Audrain Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0  
(Specify whether)

In this community 0  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boonville 10

(c) City or town Centralia 1  
(If outside city or town limits, write "RURAL") 0

(d) Street No. .... (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME William Franklin Davis

3. (b) If veteran, name war None

3. (c) Social Security No. 486-12-8494

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4th day December  
year 1944 hour 1:30 minute P. M.

21. I hereby certify that I attended the deceased from from last 19..... to 19.....  
that I last saw him..... alive on..... 19.....  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Bessie Clara Davis

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased August 3, 1875  
(Month) (Day) (Year)

Immediate cause of death..... Duration

By being struck by an  
Allen freight train at  
Audrain County Hospital,  
Mexico, Mo.

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>4</u>	<u>1</u>	hr. .... min.

Due to Centralia, Mo. died at  
Audrain County Hospital,  
Mexico, Mo.

9. Birthplace Santa Fe, Missouri 0  
(City, town, or county) (State or foreign country)

Other conditions..... (Include pregnancy within 3 months of death)

10. Usual occupation Teamster

Major findings:  
Of operations..... 169-8  
Of autopsy..... 30

11. Industry or business.....

12. Name William Davis

13. Birthplace Randolph County, Missouri 0  
(City, town, or county) (State or foreign country)

14. Maiden name Martha Pybee

15. Birthplace Monroe County, Missouri 0  
(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. W.L. Davis

(b) Address Centralia, Mo.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident - AIO

(b) Date of occurrence Dec. 4, 1944

17. (a) Burial (b) Date thereof Dec. 6, 44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Santa Fe, Missouri

(c) Where did injury occur? Centralia, Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public crossing  
(Specify type of place)

18. (a) Signature of funeral director Margaret H Mackie

(b) Address Centralia, Mo.

While at work? Yes (e) Means of injury Shuffle

19. (a) 12-5-44 (b) Margaret H Mackie  
(Date received local registrar) (Registrar's signature)

23. Signature S.C. Adams, Coroner  
Address Mexico Mo. P.O. 107 Date signed 12-5-44

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

107 x

RECEIVED

District Health Officer No. 10

District File Number 1-45-162

Date Filed JAN 12 1945

STATEMENT BY LICENSED EMBALMER

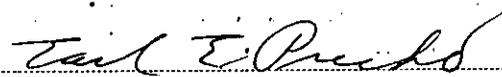
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Earl E. Precht

Registered Apprentice No. ....

working under my personal supervision.

Signed.....



Licensed Embalmer No. 3189

P. O. Address Mexico, Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**